This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2-28-22	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	MEDIACOM SOUTHEAST LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	ONE MEDIACOM WAY
	(Number, street, rural route, apartment, or suite number)  MEDIACOM PARK, NY 10918
	(City, town, state, zip)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MEDIACOM SOUTHEAST LLC
	MAILING ADDRESS OF CABLE SYSTEM:
	2 ONE MEDIACOM WAY [Number street giral route apartment or suite number)
	(Name of Street, ratal ready against of Street, and St
	MEDIACOM PARK, NY 10918 (City, town, state, zip code)
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

<del></del>	LEGAL VALUE OF GUILLED OF GUILLE GUILLED	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM SOUTHEAST LLC	SYSTEM 332
	Instructions: List each separate community served by the cable system. A "commu	
D	separate and distinct community or municipal entity (including unincorporated counincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, discre serve as a form of system identification hereafter known as the "fi
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the identif
Served	city.	
	CITY OR TOWN	STATE
First	CANEYVILLE	KY
Community	BIG CLIFTY	KY
	ST PAUL	KY
Rows as Necessary	GRAYSON COUNTY	KY
	MELWOOD	КҮ
	BRECKENRIDGE	KY

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#### SYSTEM ID#

## **MEDIACOM SOUTHEAST LLC**

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Secondary Transmission Service: Subscribers and

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken



Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 33286

# MEDIACOM SOUTHEAST LLC PRIMARY TRANSMITTERS: TELEVISION

G

#### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations)

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAVE/ WAVE HD (NBC)	47	N	LOUISVILLE, KY
WAVE-DT2 Bounce	47.2	I-M	LOUISVILLE, KY
WAVE-DT3 Circle	47.3	I-M	LOUISVILLE, KY
WAVE-DT4 Grit	47.4	I-M	LOUISVILLE, KY
WBKI/WBKI CW (HD)	28	l	CAMPBELLSVILLE, KY
WBKI-DT2 Cozi TV	28.2	I-M	CAMPBELLSVILLE, KY
WBKI-DT3/WBKI-DT3 MyNet (	28.3	I-M	CAMPBELLSVILLE, KY
WBKI-DT4 Movies!	28.4	I-M	CAMPBELLSVILLE, KY
WBKO (ABC)	13	N	BOWLING GREEN, KY
WDRB/WDRB (HD) FOX	49	I	LOUISVILLE, KY
WDRB-DT2 Antenna TV	49.2	I-M	LOUISVILLE, KY
WHAS/WHAS (HD) ABC	11	N	LOUISVILLE, KY
WKYU/WKYU (HD) PBS	18	E	BOWLING GREEN, KY
WKYU-DT2 Create	18.2	I-M	BOWLING GREEN, KY
WKYU-DT3 Radar	18.3	I-M	BOWLING GREEN, KY
WKZT/WKZT (HD) KET PBS	43	E	ELIZABETHTOWN, KY
WKZT-DT2 (HD) KET2	43.2	E-M	ELIZABETHTOWN, KY
WKZT-DT3 KET KY	43.3	E-M	ELIZABETHTOWN, KY
WKZT-DT4 KET PBS KIDS	43.4	E-M	ELIZABETHTOWN, KY
WLKY/WLKY (HD) CBS	26	N	LOUISVILLE, KY
WLKY-DT2 MeTV	26.2	I-M	LOUISVILLE, KY

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 33286 MEDIACOM SOUTHEAST LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **MEDIACOM SOUTHEAST LLC**

33286

## PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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**Primary** Transmitters: Radio

Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF	CABLE SVS	TEM:				FO	RM SA1-2E. PAGE 5.  SYSTEM ID#
Name	MEDIACOM SOUTHEA		I CIVI.					33286
	WILDIACOW 300 TILA	WI LLC						33200
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG				
	In General: In space I, ident	ify every noi	nnetwork televis	sion program, broadcast by a	a <i>distant</i> statio	on, that yo	ur cable syst	em carried on a
	substitute basis during the a	accounting p	eriod, under sp	ecific present and former FC	C rules, regula	ations, or a	authorization	s. For a further
Substitute	explanation of the programm				e general instr	uctions in	the paper SA	A1-2 form.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	0.		ır cable systen	n carry, on a substitute bas	is, any nonne	twork tele	vision progr	
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you mu	ıst comple	ete the progi	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE		_	ata lina. Llaa abbraviationa	whorever no	oible if th	oir mooning	ı io
	clear. If you need more spa			ate line. Use abbreviations rows to the tables.	wilelevel pos	Sible, II ti	eli illealilig	) IS
	Column 1: Give the title	of every no	nnetwork telev	vision program ("substitute	,			•
				our cable system substitute ns. See page (v) of the gene				
		•		etball." List specific progran				
	"NBA Basketball: 76ers vs.					•	•	
				er "Yes." Otherwise enter "N asting the substitute progra				
				he community to which the		nsed by t	ne FCC or, i	n
				community with which the		,		
	first. Example: for May 7 gi		when your sys	stem carried the substitute	program. Use	numerals	s, with the m	nonth
			e substitute pro	ogram was carried by your	cable system	List the t	imes accura	itely
	to the nearest five minutes	. Example:	a program carr	ried by a system from 6:01:	15 p.m. to 6:2	28:30 p.m	should be	
	stated as "6:00–6:30 p.m."  Column 7: Enter the lett	ter "R" if the	listed program	n was substituted for progra	mming that v	our svste	m was <i>requi</i>	ired
	to delete under FCC rules					-	•	
				0.			•	9
			your system w	as permitted to delete unde			•	9.5
	was substituted for prograr effect on October 19, 1976		your system w	0.			•	g. a
	effect on October 19, 1976			as permitted to delete unde	er FCC rules a	and regula	TITUTE	
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM	as permitted to delete unde	WHE CARRI	and regula N SUBS1 AGE OCO	TITUTE	7. REASON FOR DELETION
	effect on October 19, 1976			as permitted to delete unde	er FCC rules a	and regula N SUBS1 AGE OCO	TITUTE	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
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	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	TE PROGRAM  3. STATION'S	as permitted to delete unde	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR

	2021/2			0.	A1-2E. PAGI				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM SOUTHEAST LLC			S	YSTEM II 3328				
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ystem's se on of how to	condary transmi compute this a	ssion service mount, see	3,115.20				
	IMPORTANT: You must complete a statement in space P concerning gross rec	ceipts.		(Amount of gro	oss receipts)				
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 the space K is more than \$137,100 the general instructions located in the paper SA1-2 form for more in	out less tha	n \$527,600	63,800					
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for th	is six-month					
	Line 1. Royalty fee for accounting period			\$	52.00				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2		\$	52.00				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)					
	Base amount under statutory formula	\$	263,800.00						
	2. Enter amount of gross receipts from space K			•					
	3. Subtract line 2 from line 1			•					
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)					
	Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula			•					
	3. Subtract line 2 from line 1			•					
	4. Multiply line 3 by .01								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .							
	FILING FEE AND TOTAL REMITTANCE DU	E							
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	52.00					
otal Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)		\$	15.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	67.00				
	5 Aud miles 2 dilu 3			*	37.00				

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF MEDIACOM SOUTHEAS					SYSTEM ID# 33286
<b>M</b> Channels	to its subscribers, and (2) to its subscribers, and (2) to the subscribers and the subscribers are to its subscribers.	the cable system's to of channels on which on broadcast stations	otal numb	s on which the cable system carried tele per of activated channels during the acc	counting period.	
	Enter the total number of on which the cable syste and nonbroadcast servi	em carried television	n broadca			58
N Individual to Be Contacted	we can contact about this	statement of accour		RMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name Kenne	th J. Kohrs			Telephor	e 845-443-2762
	Address One Mo	ediacom Way treet, rural route, apartm	nent, or suite	e number)		
	Mediac (City, town,	com Park, NY	10918			
	Email	Copyrights@me	diacomco	c.com	Fax (optional	
	CERTIFICATION (This stater	ment of account mu	st be certi	ified and signed in accordance with Cop	oyright Office regulations	
O Certification	• I, the undersigned, hereby of	ertify that (Check on	e, but only	one, of the boxes.)		
	(Owner other tha	n corporation or pa	artnership	o) I am the owner of the cable system as i	dentified in line 1 of space	B; or
				rtnership) I am the duly authorized agent not a corporation or partnership; or	t of the owner of the cable	system as identified
	(Officer or partn in line 1 of		f a corpora	tion) or a partner (if a partnership) of the	legal entity identified as ov	vner of the cable system
		ect to the best of my	-	lare under penalty of law that all statemer le, information, and belief, and are made i		1
			X	/s/ Kenneth J. Kohrs		_
				electronic signature on the line above to cer ature using an "/s/ signature" (e.g., /s/ Joh	•	
		Typed or printed	name:	Kenneth J. Kohrs		
		Title:		resident, Financial Reporting position held in corporation or partnership)	<u> </u>	
		Date:			2/11/2022	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 33286 **MEDIACOM SOUTHEAST LLC** SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-P lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. O For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment x 0.00274 Line 4 Multiply line 3 by 0.00274\*\* and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . . . \* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. \*\* This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served

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Accounting period

CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	_ □Check	□EFT	□FILING	FEES
Cable ID #						Amount	Initials
Examined by	Reviewe	d by	Date examination completed	Allocation	n number		
Space A Accounting Period							
	□January 1 - June	30, 2017		□July 1 - Decemb	er 31, 2017		
	☐Letter sent		[	☐Information rece	eived		
	□Accepted		[	Phone call/Date/	'Contact		
Space B Owner							
	☐Letter sent		[	☐Information rece	eived		
	□Accepted		]	Phone call/Date/	'Contact		
Space D Area Served							
	Letter sent		[	Information rece	eived		
	□Accepted		[	Phone call/Date/	'Contact		
Space E Secondary Transission							
Service Subscribers:	☐Letter sent		[	☐Information rece	eived		
and Rates	□Accepted		]	Phone call/Date/	'Contact		
Space G Primary Transmitters:							
Television	☐Letter sent		[	☐Information rece	eived		
	□Accepted		[	Phone call/Date	/Contact		
Space H Primary Transmitters:							
Radio	□Accepted			Phone call/Date	/Contact		

		Space I Substitute Carriage
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐ Information received	(SA3 only)
□Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	☐Information received	
Letter sent	☐Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	☐Refund request to fiscal	
☐Letter sent	☐Information received	
Accepted	☐Phoe call/Date/Contact	
		Space M Channels
☐Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space O Certification
Letter sent	☐Information received	
Accepted	☐Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	